

PTO/SB/22 (10-04)

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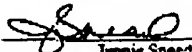
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) BASF.10006	
Application Number 10/811,979		Filed July 3, 2003	
For Process For Preparing 4-Trifluoromethylsulfinylpyrazole Derivative			
Art Unit 1828		Examiner Golam M. Shameem	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>60-3218</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>32,176</u>			
<u>Mary B. Grant</u> Signature		<u>10/21/04</u> Date	
Mary B. Grant, Registration No. 32,176		+1.919.829.9600	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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Tammie Grant

for fee only

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